



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

Date: October 9, 2015

DATE OF REVIEW: 10/9/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee arthroscopy with lysis of adhesions, debridement and manipulation under anesthesia.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The patient has been noted to be post injury to the affected knee despite a history of arthroscopic surgery for a "chondral injury" of the knee. The clinical records reflect a persistent and/or recurrent clinical issue. The patient has been well documented to have recurrent pain and significant motion limitation with flexion of the affected knee to only 85 degrees. The patient has been well documented including on xxxxx to be status post multiple injections including a history of visco supplementation. The patient underwent postoperative physical therapy, injection, altered activity, and dressing along with the use of ongoing medications. She has been noted to have recurrent "swelling, pain, discomfort, and a sense of catching, thought to have still limping and requiring a brace for her knee." The patient has been considered for the aforementioned arthroscopic surgery with lysis of adhesions along with knee manipulation under anesthesia.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The patient despite prior surgical intervention and comprehensive postoperative nonsurgical intervention continues to have a documented persistent pain with knee joint effusion along with



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markedly limitation of range of motion. Functional disabling gait and mechanical symptoms have also been documented. The subjective and the objective findings despite the lack of postoperative imaging clearly support a quite plausible intraarticular etiology of the patient's ongoing condition. Therefore due to the aforementioned clinical issues and rationale, the proposed combination of arthroscopic surgery to address the intra-articular pathology including at least adhesions (if not other potential source of issues such as potential chondral injury and/or debridement) along with a manipulation under anesthesia and overall debridement are reasonable and medically necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☒ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

REFERENCE:

1. Arthroscopic surgery and also manipulation under anesthesia in the ODG guidelines.